

1 copy State Supt. 1 copy County Supt. 1 copy School District

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services.

Due Dates	, ,		To OPI	Rate I	Rate Per Mile			
All Routes			October 15	\$0.95	5			
County Name		County Number	District Name	District Name		Legal Entity Number		
Liberty		26	J-I K-12 S	chools	05	508		
Route #	Length of Route	(miles per day)	· · · · · · · · · · · · · · · · · · ·		•	ed Capacity		
SHUTTLE #2	20	□ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □		□ Non Bus Milea e Mileage	16			
Vehicle I.D. #	License #	License #		District Owned C		Contractor Owned		
0863	B176		□ Contract - If□ Contracted	so, Name of Owner Rrate per mile	M Auto			
Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!								
Legal Entity 0508					Legal Entity			
% 100.00	%		%		%			
PASSENGER INFORMATION	70		7.0		70	_		
Number of Preschool/Kindergarten pupils riding this route			RY RIDERS s PK-8)	HIGH SCHOOL R (Grades 9-1:		TOTAL LIGIBLE RIDERS		
			a IBER	b NUMBER		c a + b		
Regular (include eligible Preschool/Kindergarten riders)		NOMBER				5.1		
1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related Service								
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., inonresident and no attendance agre otherwise allow nonresident riders to (Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)	ement that would be eligible)							
TOTAL RIDERS								
We hereby certify that this bus will County Transportation Committee. We agree to supervision of this but required; to provide a vehicle which it Superintendent; and to provide a lice We also agree to refrain from solid We understand that violations of this bus route. We agree that if this route crosse the school boards of both districts show understand route changes of accordance with 20-10-132, MCA. I certify that this application for rous operates on the route as ap Signature - Chair, Board of Trustees	We further certify that us and bus route by the meets the minimum is unsed, qualified and a citing or causing other he laws, rules or reg as district lines and trail be attached to the curring during the scheepistration of school egistration of school egistration of school egistration and the school egistration of school egistration egistra	this bus transports puthe State Superintende standards as establishe approved driver to operers to solicit students fruitations governing schemasports students from a county superintenden hool year require the fill toll bus and state rein	pils eligible for school trant; to make such reports and by the Board of Public ate such vehicle as requom other transportation ool transportation will be outside the district, a contribution of an amended TR-2 mbursement is true a	ansportation as defined by so to the State Superintender or Education, the Montana Huired by 20-10-103, MCA. areas. The sufficient cause for withhom by of the agreement between the form and approval of the conditional complete to the best	20-10-101, MCA. nt and County Superindighway Patrol and the olding of state and counteren Boards, 20-10-126 County Transportation	ntendent as are e State unty reimbursement for 6(2) MCA, signed by n Committee in and belief, and the		
County T This Application for Registration				rdance with Section 2 ed and I certify that this		in the transportation		
area assigned to it by the Count	y Transportation C		ioni nas been review	sa and recruity that this		ii alo tialisportation		
Signature - Chair, County Transportation Committee					Date			



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This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services. Rate Per Mile **Due Dates: To County Supt** October 15 All Routes October 1 \$1.15 County Name County Number District Name Legal Entity Number Liberty J-I K-12 Schools 0508 Route # Length of Route (miles per day) Type of Service □ Bus Route Mileage Rated Capacity □ Non Bus Mileage shuttle #1 20 53 **Bus Route Mileage** Vehicle I.D. # License # □ District Owned Contractor Owned ☐ Contract - If so, Name of Owner R M Auto 3225 B172 Contracted rate per mile Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget! Legal Entity Legal Entity Legal Entity Legal Entity 0508 100.00 % % % % PASSENGER INFORMATION ELEMENTARY RIDERS HIGH SCHOOL RIDERS TOTAL Number of Preschool/Kindergarten pupils riding (Grades PK-8) (Grades 9-12) **ELIGIBLE RIDERS** this route h С NUMBER NUMBER a + bRegular (include eligible Preschool/Kindergarten riders) 1st Wheelchair (WC) 2nd Wheelchair (WC) Additional Wheelchairs (WC) Non-WC IEP Lists Trans as Related Service **TOTAL ELIGIBLE RIDERS** Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible) **TOTAL RIDERS** We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required, to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.

We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee. Signature - Chair, Board of Trustees County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA. This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee. Signature - Chair, County Transportation Committee Date



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School Year 2004 - 2005

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	Chapter 10, Part 1, MCA. School district office ortees of another legal entity may utilize the structure of				ach bus route that Rate Per Mile \$0.95		
County Name		County Number	District Nar	me		Legal Entity Number	
Liberty		26		Chester Public Schools		0510 0511	
Route #	Length of Route	(miles per day)	Type of Se	rvice Bus Route Mi Non Bus Mile		Rated Capacity	
6	67.8		Bus Rou	Bus Route Mileage		41	
Vehicle I.D. #	License #		□ District Ow				
7488	A806		□ Contract - If so, Name of Owner Tibe□ Contracted rate per mile		Tiber Tracto	or 	
Reimbursement Distribution- En	nter the legal entity		e of state/county atch budget!	y reimbursement to be p	aid to each dis	strict. Note: Percentages	
Legal Entity Legal Entity 0510 05				Legal En		iity	
% 50.00	% 50	.00	%		%	%	
PASSENGER INFORMATION							
Number of Preschool/Kindergarten pupils riding this route		ELEMENTARY RIDERS (Grades PK-8)		HIGH SCHOOL RIDERS (Grades 9-12)		TOTAL ELIGIBLE RIDERS	
			₹	b NUMBER		c a + b	
Regular (include eligible Preschool/Kindergarten riders)							
1st Wheelchair (WC)							
2nd Wheelchair (WC)							
Additional Wheelchairs (WC)							
Non-WC IEP Lists Trans as Related Service							
TOTAL ELIGIBLE RIDERS							
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible)							
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receives state reimbursement even though transportees of another legal entity may utilize the services. Rate Per Mile **Due Dates: To County Supt** October 15 All Routes October 1 \$0.95 County Name County Number District Name Legal Entity Number Liberty Chester Public Schools 0510 0511 Route # Length of Route (miles per day) Type of Service □ Bus Route Mileage Rated Capacity □ Non Bus Mileage 80.3 47 **Bus Route Mileage** Vehicle I.D. # License # Contractor Owned □ District Owned ☐ Contract - If so, Name of Owner Tiber Tractor 5940 A807 Contracted rate per mile Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget! Legal Entity Legal Entity Legal Entity Legal Entity 0510 0511 50.00 % 50.00 % % % PASSENGER INFORMATION ELEMENTARY RIDERS HIGH SCHOOL RIDERS TOTAL Number of Preschool/Kindergarten pupils riding (Grades PK-8) (Grades 9-12) **ELIGIBLE RIDERS** this route h С NUMBER NUMBER a + bRegular (include eligible Preschool/Kindergarten riders) 1st Wheelchair (WC) 2nd Wheelchair (WC) Additional Wheelchairs (WC) Non-WC IEP Lists Trans as Related Service **TOTAL ELIGIBLE RIDERS** Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible) **TOTAL RIDERS** We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required, to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.

We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee. Signature - Chair, Board of Trustees County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA. This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee. Signature - Chair, County Transportation Committee Date



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Due Dates All Routes		To County Supt October 1		To OPI October 15		Rate Per Mile \$0.95		
County Name		County Numbe	County Number		District Name		Legal Entity Number	
Liberty		26	26		Chester Public Schools		0510 0511	
Route #	ute (miles per day)	I I		Type of Service ☐ Bus Route Mi		Rated Capacity		
5	83.2	2			□ Non Bus Mile e Mileage	age	47	
Vehicle I.D. #		1		District Owned Contracto				
1116	V808			☐ Contract - If so, Name of Owner Tiber Tract			r 	
Reimbursement Distribution- En	iter the legal er				reimbursement to be p	aid to each dis	trict. Note: Percentages	
Legal Entity Legal Entit 0510 0					Legal Entity		Legal Entity	
		0511						
% 50.00 % 50.		50.00	.00 %			%		
PASSENGER INFORMATION								
Number of Preschool/Kindergar this route	ten pupils ridin		ELEMENTARY RIDERS (Grades PK-8)		HIGH SCHOOL (Grades 9-	_	TOTAL ELIGIBLE RIDERS	
		N	a		b NUMBER		c a+b	
Regular (include eligible Preschool/Kindergarten riders)			NUMBER		NOMBLI	`	аты	
1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related	Service							
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible)								
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County 1 This Application for Registration					ordance with Section and I certify that this			
area assigned to it by the Count	y Transportation							
Signature - Chair, County Transportation Committee						Date		



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